PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Kellogg Company Better Government Committee 801 Pennsylvania Ave NW ADDRESS (number and street) Ste 305 (Check if address is changed) Washington 20004-2615 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS amy.berry@kellogg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00039552 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Magierka, Rachel, , Ms., Type or Print Name of Treasurer Magierka, Rachel, , Ms., [Electronically Filed] 10 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FEC Fo | rm 1 (Revised 02/2009) | Page 2 | | | |
|--|--|-------------------------|--|--|--|
| TYPE OF C | OMMITTEE e Committee: | | | | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below | .) | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| Name of Candidate | | | | | |
| Candidate Party Affiliati | Office Sought: House Senate President | State | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party Con | nmittee: (National, State | (Democratic, | | | |
| (d) | This committee is a or subordinate) committee of the | Republican, etc.) Party | | | |
| Political A | ction Committee (PAC): | | | | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is | | | |
| | Corporation Corporation w/o Capital Stock | Labor Organization | | | |
| | Membership Organization Trade Association | Cooperative | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee) | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Joint Func | Iraising Representative: | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t | | | | |
| (b) | committees/organizations, at least one of which is an authorized committee of a federal candidate | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political | | | |
| Com | mittees Participating in Joint Fundraiser | | | | |
| 1. | FEC ID number | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |

| FEC Form 1 (Revised | | Page 3 |
|---|---|----------------------------------|
| Write or Type Committee Name | | |
| Kellogg Compa | any Better Government Committee | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, | or Leadership PAC Sponsor |
| Kellogg Company | | |
| | | |
| Mailing Address | One Kellogg Square | |
| - | | |
| | Battle Creek MI | 49017-3534 |
| | CITY STATE | ZIP CODE |
| Relationship: x Connected | d Organization Affiliated Committee Joint Fundraising Representat | ive Leadership PAC Sponsor |
| . Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the pe | erson in possession of committee |
| Berry Hick | ks, Amy, , Ms., | ı |
| Full Name | ,801 Pennsylvania Ave NW | |
| Mailing Address | Ste 305 | |
| | Washington DC , | 20004-2615 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | 02 |
| 5. Treasurer: List the name an any designated agent (e.g., a | nd address (phone number optional) of the treasurer of the committee; assistant treasurer). | and the name and address of |
| Full Name Magierka, of Treasurer | Rachel, , Ms., | |
| Mailing Address | One Kellogg Square | |
| | | |
| | Battle Creek MI | 49017-3534 |
| Title or Pasition | CITY STATE | ZIP CODE |
| Title or Position Treasurer | Telephone number | 69 961 - 3019 |

| | (Revised 02/2009) | | Page 4 |
|---|-------------------------|-----------------|----------------|
| | | | |
| Full Name of Designated Book Agent | eck, Lauren, , , | | |
| Mailing Address | 801 Pennsylvania Ave NW | | |
| | Ste 305 | | |
| | | DC20004- ATE | ZIP CODE |
| Title or Position Chair/Asst Treasure | er Telephone number | | 624 - 3902 |
| safety deposit boxes Name of Bank, Depo | | | |
| Mailing Address | | | |
| | Kalamazoo | MI 49007- | 3713 |
| | | | |
| | CITY ST | ATE | ZIP CODE |
| Name of Bank, Depo | | ATE | ZIP CODE |
| Name of Bank, Depo | | ATE | ZIP CODE |
| Name of Bank, Depo | ository, etc. | ATE | ZIP CODE |
| L | ository, etc. | ATE | ZIP CODE |
| L | ository, etc. | ATE | ZIP CODE |

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Updated new Treasurer, custodian of records, designated agent and committee address

Form/Schedule: Transaction ID: